

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/521084

3 Please refund the following fee(s):

<input checked="" type="checkbox"/> Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Amendment	<u>1</u>	<u>1-13-05</u>	\$ <u>300</u>
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND \$ 300

10 REASON:

- ☒ Overpayment
☐ Duplicate Payment
☐ No Fee Due (Explanation): _____

8 TO BE REFUNDED BY:

☐ Treasury Check
☒ Credit Deposit A/C #: 50--0591

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson

SIGNATURE: A Johnson
PCT

TITLE: Paralegal

PHONE: 308-9140

OFFICE: _____

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: